

**STATE OF CALIFORNIA
WORKERS' COMPENSATION APPEALS BOARD**

APPLICANT
v.
DEFENDANTS

CASE NUMBER(S) _____

**MINUTES OF HEARING/ORDER/ORDER AND
DECISION ON REQUEST FOR CONTINUANCE/
ORDER TAKING OFF CALENDAR/
NOTICE OF HEARING**

☐ BEFORE ☐ AT
☐ TRIAL ☐ MSC
☐ CONF ☐ EXP HEARING ☐ LIEN

DATE OF: HEARING _____ REQUEST _____

APPEARANCES

APPLICANT ☐ PRESENT ☐ NOT PRESENT

APPLICANT REPRESENTED BY _____ ☐ ATTORNEY ☐ HEARING REP.

DEFENDANT REPRESENTED BY _____ ☐ ATTORNEY ☐ HEARING REP.

OTHERS APPEARING _____ ☐ ATTORNEY ☐ HEARING REP.

INTERPRETER _____ CERTIFICATION NO. _____

PARTY MAKING REQUEST

☐ JOINT ☐ APPLICANT ☐ DEFENDANT ☐ OTHER _____

REQUEST FOR: ☐ CONTINUANCE ☐ OTOC REQUEST BY: ☐ LETTER ☐ TELEPHONE

POSITION OF OPPOSING PARTY

☐ AGREE ☐ OPPOSE ☐ UNREACHABLE ☐ UNKNOWN

REASON FOR REQUEST

☐ FURTHER DISCOVERY: ☐ APP MED ☐ DEF MED ☐ AME ☐ DEPO
☐ CALENDAR CONFLICT: ☐ APPLICANT ☐ DEFENSE ☐ L.C.
☐ SETTLEMENT PENDING
☐ IMPROPER/INSUFFICIENT NOTICE BY PARTY
☐ IMPROPER DECLARATION OF READINESS/VALID OBJECTION
☐ NON APPEARANCE ☐ APP ☐ DEF ☐ LIEN CLAIMANT ☐ WITNESS
☐ APPLICANT ☐ DEF COUNSEL ☐ VACATION ☐ ILLNESS
☐ UNAVAILABILITY OF WITNESSES ☐ APP ☐ DEFENSE
☐ DISPUTE RESOLVED BY AGREEMENT ☐ NO ISSUES PENDING
☐ JOINDER ☐ CONSOLIDATION ☐ VENUE ☐ NEW APPLICATION
☐ AUTO REASSIGN ☐ DISQUALIFY ☐ APP ☐ DEFENDANT
☐ APPLICANT NOW REPRESENTED ☐ REQUESTS REPRESENTATION
☐ CHANGE OF CIRCUMSTANCES

BOARD REASON

☐ INSUFFICIENT TIME ☐ TO START ☐ TO FINISH
☐ REASSIGNMENT: ☐ REFUSED ☐ NOT AVAILABLE
☐ REPORTER ☐ INTERPRETER ☐ NOT AVAILABLE
☐ WCJ NOT AVAILABLE ☐ RECUSAL
☐ UEF ISSUES ☐ SERVICE DEFECTIVE ☐ BANKRUPTCY PENDING
☐ DEFECTIVE WCAB NOTICE
☐ ARBITRATION

OTHER/COMMENTS _____

GOOD CAUSE APPEARING, IT IS ORDERED THAT THE REQUEST FOR ☐ CONT ☐ OTOC IS ☐ GRANTED ☐ DENIED

_____ DAYS FOR ☐ C&R ☐ STIPS, OTHERWISE: ☐ OTOC ☐ RESET _____

☐ OTOC ☐ C&R/STIPS SUBMITTED FOR APPROVAL ☐ C&R/STIPS APPROVED

☐ LIEN STIPS AND ORDER APPROVED ☐ N.O.I. TO ALLOW/DISALLOW ISSUED

☐ SET FOR ☐ MSC ☐ CONF ☐ TRIAL ☐ LIEN TRIAL ☐ CONTD TESTIMONY TIME ☐ 1 HR ☐ 2 HRS ☐ 4 HRS ☐ ____ DAY

SET ON _____ AT _____ LOCATION _____ BEFORE JUDGE _____

☐ SUPPLEMENTAL PAGES ATTACHED _____ PAGES

DATE _____

WORKERS' COMPENSATION ADMINISTRATIVE LAW JUDGE

Pursuant to Rule 10500 you are designated to serve this/these document(s) on all parties as shown on the Official Address Record. Served on designated server with a copy of the Official Address Record.

Date _____ By _____

☐ Served on parties and lien claimants present

CASE NUMBER(S) _____

CASE TITLE _____ V. _____

**SUPPLEMENT TO MINUTES OF HEARING/ORDER/ORDER AND DECISION ON REQUEST FOR CONTINUANCE/ORDER
TAKING OFF CALENDAR/NOTICE OF HEARING
HEARING DATE _____**

COMMENT/DISCUSSION/MOTION _____

ORDER(S) _____